MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET 527265 (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED AFTER AFTER 1"AMENDMENT AS FILED AFTER 2 AMENDMENT I AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 7 9 9 4 1 TOTAL IND. T TOTAL DE Ŧ 4 1 TOTAL DEP

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U.S. DEPARTMENT of COMMERCE